Initial 07/01/04

APPLICATION DATA SHEET

Application Information

| Application Number:: | |
|----------------------------------|--|
| Filing Date:: | |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | FORMING UNIT FOR PRODUCING SEALED PACKAGES FROM A TUBE OF SHEET PACKAGING MATERIAL FILLED WITH A POURABLE FOOD PRODUCT |
| Attorney Docket Number:: | 034170-020 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |

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| Latin Name:: | |
|--|--------------------|
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Italy |
| Status:: | Full Capacity |
| Given Name:: | Davide |
| Middle Name:: | |
| Family Name: | SABBADINI |
| Name Suffix:: | |
| City of Residence:: | Carpi |
| State or Province of Residence:: | |
| Country of Residence:: | Italy |
| Street of Mailing Address:: | Via della Luna, 12 |
| City of Mailing Address:: | Carpi |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Italy |

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Postal or Zip Code of Mailing

Address:: I-41012

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Davide

Middle Name::

Family Name:: BORGHI

Name Suffix::

City of Residence:: Mondena

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Buozzi, 339

City of Mailing Address:: Mondena

State or Province of Mailing

Address::

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing

Address:: I-41100

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/EP/02/14798 12/30/02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority

Claimed::

Europe 02425003.7 01/08/02 Yes

Assignee Information

Assignee Name:: TETRA LAVAL HOLDINGS & FINANCE SA

Street of Mailing Address:: Avenue General-Guisan 70

City of Mailing Address:: Pully

State or Province of Mailing

Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing

Address:: CH-1009